



Transition Plan for the Department of Alcohol and Drug Programs

January 10, 2013

Submitted by the California Health and Human Services Agency
In Fulfillment of the Requirements of Senate Bill 1014
(Committee on Budget and Fiscal Review, Chapter 36, Statutes of 2012)

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Executive Summary

The Health and Human Services Agency (CHHS) submits this transition plan to the Legislature on the reorganization of the Department of Alcohol and Drug Programs (ADP). The Governor's Budget proposes the transfer of all of the substance use disorder programs and functions of ADP to the Department of Health Care Services (DHCS). The Governor's Budget also proposes the transfer of the Office of Problem Gambling, which has a separate prevention and treatment delivery system for addressing problem gambling, to the Department of Public Health (DPH).

This reorganization offers numerous benefits to the substance use disorder system. These include:

- Aligns with Federal and County Partners
- Promotes Opportunities for Improvement of Health Care Delivery
- Maintains Programmatic Expertise
- Consolidates All Substance Use Disorder Programs at DHCS
- Locates Office of Problem Gambling with Health Promotion Programs at DPH
- Enhances Oversight of Substance Use Disorder Programs
- Preserves Licensing and Certification Together
- Reorganizes to Reflect Realignment

All costs to transfer these programs and functions will be absorbed within the existing resources of ADP and the receiving departments, DHCS and DPH. Significant work is taking place to ensure successful transitions between the departments, so that this transfer ensures continuity of service for counties, providers, and consumers.

ADP conducted a stakeholder process in September and October 2012 to provide input on the development of this plan. Stakeholders identified three primary concerns:

- Concern with Having Multiple Departments Responsible for Substance Use Disorder Issues
- Concern that the Prior Proposal Lacked Clear Rationale
- Concern about Future State Leadership on Substance Use Disorder Issues

This reorganization, which houses all substance use disorder programs and functions in one department, DHCS, addresses these key concerns. To ensure continued engagement with stakeholders on improving substance use disorder programs, the receiving departments will maintain the seven advisory groups that ADP currently convenes.

CHHS is committed to the successful reorganization of ADP, including continued stakeholder and legislative engagement by the agency and its departments, to ensure that these transfers are made effectively and efficiently. The result will be a state administrative structure that will provide one state department for the substance use disorder system, align with federal and county partners, and promote opportunities for improving health care delivery services to the benefit of communities and consumers with substance use disorders.

Overview: Completing the Reorganization of the Department of Alcohol and Drug Programs

Reflecting the shift in responsibilities to the counties enacted as a part of the 2011 Public Safety Realignment, the Administration announced its intent in the 2011-12 May Revision, and then proposed in the 2012-13 Governor's Budget, to reorganize the Department of Alcohol and Drug Programs (ADP). As a part of the 2012-13 budget process, the Legislature revised the Administration's proposal and authorized the transfer of the programs and functions of ADP to departments within the Health and Human Services Agency (CHHS), effective July 1, 2013, instead of July 1, 2012. Trailer bill language enacted as a part of the 2012-13 Budget also provided for this transition plan (enacted trailer bill language included as Appendix E).

ADP conducted a stakeholder process in September and October 2012. The goal was to receive and understand stakeholder input on the reorganization to best inform this transition plan. Stakeholders raised a number of concerns, including the difficulties of having separate departments to license and certify programs. Upon further analysis of the relationship between substance use disorder licensing and certification, the Governor's Budget proposes to house these functions together in one department, the Department of Health Care Services (DHCS).

DHCS will be the policy leader on substance use disorders, with responsibility for the licensing, certification, and program management of this critical area. The Governor's Budget proposes to transfer all of the substance use disorder programs and functions of ADP to DHCS. The Governor's Budget also proposes to transfer the Office of Problem Gambling, which has a distinct prevention and treatment delivery system for addressing problem gambling, to the Department of Public Health (DPH). Appendix A describes these functions and programs, and their proposed placements, in more detail.

At DHCS, the Deputy Director of Mental Health and Substance Use Disorder Services will have responsibility for state leadership on substance use disorders and community mental health. This is a position that is appointed by the Governor and confirmed by the Senate, which will ensure it is held by a visible leader and is subject to a transparent confirmation process.

This transition plan is organized to address five key areas of the reorganization:

1. Rationale and Benefits for the Substance Use Disorder System
2. Transition Costs and Activities
3. Ensuring Continuity of Service
4. Maximizing a Smooth Transition
5. Stakeholder Process and Input

1. Rationale and Benefits for the Substance Use Disorder System

Aligns with Federal and County Partners

Consolidating responsibility for substance use disorder services and community mental health services into DHCS will align the State of California with its federal, state, and county counterparts. Nearly all community mental health programs from the former Department of Mental Health (DMH) transferred to DHCS with the enactment of the 2012-13 Budget, effective July 1, 2012.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has been moving towards administrative integration in the application for its block grant by encouraging states to submit one combined application. More than 30 other states have substance use disorder and mental health services combined in one department. To date, more than 50 of California's 58 counties have also combined these areas.

Promotes Opportunities for Improvement of Health Care Delivery

There is a growing recognition of the relationship between high costs and poor client outcomes for individuals with co-occurring substance use disorders, mental illnesses, and chronic health conditions. State-level integration of the administration of our substance use disorder treatment system with community mental health and primary care at DHCS will facilitate coordination of health care to the benefit of these individuals with substance use disorders and co-occurring disorders.

Maintains Programmatic Expertise

This reorganization proposes to move currently operating programs and functions, as they are, to DHCS and DPH. This includes existing statutes, regulations, positions, and staff, including those with programmatic expertise and knowledge. DHCS and DPH will receive the programs, functions, and staffing intact. This will enable the state administration of these programs and functions to remain consistent and continue to interface with counties and providers as currently occurs.

Consolidates All Substance Use Disorder Programs at DHCS

The effect of this proposal, and previous budget actions, will be that all substance use disorder programs from ADP will reside in DHCS. This complements the prior transfer of the Drug Medi-Cal program and nearly all community mental health services to DHCS, effective July 1, 2012. This proposal allows for substance use disorder prevention and treatment to be a part of the overall health care delivery system at the state administrative level.

Locates Office of Problem Gambling with Health Promotion Programs at DPH

The Office of Problem Gambling will move to the Center for Chronic Disease Prevention and Health Promotion at DPH. There, it will be located with other prevention and addiction treatment programs, such as the Tobacco Control program, which has a strong history and mission in preventing smoking and providing smoking cessation services. This will provide the Office of Problem Gambling with the opportunity to collaborate with and learn from these larger health promotion programs.

Enhances Oversight of Substance Use Disorder Programs

By reuniting the SAMHSA Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Drug Medi-Cal program, DHCS will have oversight and responsibility at the state level for the two key funding streams of the substance use disorder system. The 2011 Public Safety Realignment created new complexities, including the need for the counties and the State to partner in tracking county expenditures to ensure California receives its full share of the SAPT Block Grant. Having one state department will better support this and other critical county-state partnerships.

Moreover, DHCS will house the data systems associated with both programs. Instead of having to disentangle or institute data sharing agreements for these overlapping data systems, DHCS will house all of the State data systems for substance use disorders. This will enhance the ability for the State, working with counties, to monitor program performance and client outcomes of these publicly-funded programs.

Preserves Licensing and Certification Together

In the prior ADP reorganization proposal, the Administration proposed that licensing functions transfer to two of the largest licensors within CHHS: DSS and DPH. Numerous CHHS departments license facilities. By contrast, DHCS is not currently a licensor. However, there are many benefits of having substance use disorder licensing and certification together in one department, which override these previous considerations of state licensing.

These benefits include information sharing that improves practice, avoids redundancies, and informs program management. ADP historically both licensed the facilities of substance use disorder service sites, and certified their programs. Department staff used a team approach and regularly shared information so that knowledge of licensing informed certification and program management.

Under this proposal, consumers, family members, providers, and counties will, in many cases, have one state department to contact if they have provider specific questions or concerns. A single department will be responsible for licensure of applicants, certification of programs, follow up to facility complaints, and dissemination of information on substance use disorder facilities.

There is significant overlap between the two separate functions of facility licensure and program certification. For example, of the Narcotic Treatment Programs (NTPs) that are proposed to be licensed by DHCS, nearly all (96.6%) are already certified for the Drug Medi-Cal program by DHCS. Of the residential facilities that are proposed to be licensed by DHCS, 63 percent have programs that are proposed to be certified as alcohol and other drug (AOD) programs by DHCS. This percentage reflects that many counties and health insurance plans require that a program obtain this voluntary AOD certification from the State prior to contracting for the payment of services with a program.

In addition, the Governor's Budget proposes to transfer community mental health licensing to DHCS, which will bolster DHCS' capacity in taking on these new licensure functions. That proposal similarly proposes to consolidate community mental health licensing and program certification in one department, along with community mental health program management and policy, at DHCS.

Reorganizes to Reflect Realignment

Enactment of the 2011 Public Safety Realignment marked a significant shift in the state's role in administering programs and functions related to substance use disorders. Realignment also redirected funding for Drug Medi-Cal and discretionary substance use disorder programs to the counties. Reflecting this shift, the Administration announced its intent in the 2011-12 May Revision, and then proposed in the 2012-13 Governor's Budget, to reorganize ADP. The Governor's Budget continues in this direction by consolidating the programs and functions of ADP within CHHS departments.

2. Transition Costs and Activities

The costs to transfer these programs and functions are associated with the transfer of information technology (IT) systems and relocation of staff. All of these costs will be absorbed within the existing resources of ADP, DHCS and DPH. Significant planning is taking place to ensure successful transitions between the departments.

Transition Costs

All transition costs will be absorbed within existing department resources. No additional budget authority is needed.

Department of Health Care Services (DHCS). DHCS plans to assume the current lease for ADP's space in the office building at 1700 K Street in Sacramento. There will be no moving expenses because staff transferring to DHCS will remain at their current location. This building is only 3 blocks from DHCS staff in the East End Complex.

DHCS will receive from ADP 42 complex IT systems and 226 additional staff with computing needs, as a part of this transfer. In addition, DHCS has a robust technology

structure, and in many cases, ADP's servers, hardware, and software are not compatible with DHCS' IT infrastructure. The goal for these IT transition activities is to ensure the transition of these systems and meet staff computing needs while avoiding infrastructure and security risks to the DHCS network.

DHCS will absorb the costs to migrate ADP's IT systems and network servers and to procure DHCS-compatible hardware and software for the current ADP employees transferring to DHCS. DHCS anticipates entering into one-time consulting contracts with technical experts to migrate ADP's IT systems, infrastructure, and network servers. DHCS also expects to need to procure DHCS-compatible hardware, including servers to reduce the risk of future system failures once the ADP IT application systems are transitioned into DHCS' environment. And finally, DHCS expects to procure DHCS-compatible software, such as compatible anti-virus, data backup, and storage management software.

Department of Public Health (DPH). DPH plans to relocate Office of Problem Gambling staff it is receiving to its offices in the East End Complex. DPH will receive from ADP the IT systems for the Office of Problem Gambling. For both these moving and IT costs, DPH will absorb the costs within existing resources.

Transition Activities

Department of Health Care Services (DHCS). DHCS and ADP have been closely collaborating on transitions since January 2011, when they began the planning for the transfer of the Drug Medi-Cal program. For the reorganization of ADP, both departments will build upon that infrastructure.

For the Drug Medi-Cal transfer, the two departments had a joint Executive Steering Committee, which included senior staff from both DHCS and ADP. They also had a joint Transition Team, which consisted of unit-level managers from the departments. Each department identified a Project Manager and created a work plan for the transition. A Project Manager for DHCS and a Project Manager for ADP each participated in the Transition Team, and were focused on implementing the transition work plans of each department. For these proposed transfers, the two departments plan to follow a similar model.

Department of Public Health (DPH). Similarly, DPH and ADP have been working together closely on transition activities since January 2012, when the Administration first specifically proposed transferring ADP functions to DPH. Under the current proposal, the departments will be able to utilize the existing infrastructure on this more focused goal of transferring only the Office of Problem Gambling to DPH.

3. Ensuring Continuity of Service

Maintaining Current Programs and Functions

A key area of importance is ensuring that transferring state administration of these programs and functions from one state department to another does not impede continuity of service for counties, providers, and consumers. As described above, the Governor's Budget proposes to transfer currently operating programs and functions, as they are and with existing positions and staff, to DHCS and DPH. Consequently, there will be consistency in the State's administration of these programs and functions.

Federal SAMHSA SAPT Block Grant

The federal SAPT Block Grant from SAMHSA is the largest funding stream proposed to transfer out of ADP in the Governor's Budget. ADP has already applied for the federal Fiscal Year 2013 SAPT Block Grant, and planning will begin shortly after its award for the subsequent year's grant application.

Continuing Collaboration on Prevention

ADP and DPH have worked closely together on a number of key substance use disorder prevention efforts. Similarly, DHCS and DPH plan to continue a close partnership and collaboration on these prevention projects. This includes working with DPH to monitor the ability of minors to purchase tobacco (known as the "Synar Amendment" at the federal level, or the Stop Tobacco Access to Kids Enforcement (STAKE) Program in California), which is also a requirement for California to receive the SAPT Block Grant. In addition, they will work together on the Statewide Epidemiological Outcomes Workgroup (SEOW), which promotes state- and community-level prevention planning, and is supported by a grant from SAMHSA.

4. Maximizing a Smooth Transition

Minimal Need to Coordinate Across Departments

This reorganization transfers all substance use disorder programs from ADP to one department: DHCS. By reuniting the state administration of the Drug Medi-Cal program with the rest of substance use disorder programs, and consolidating substance use disorder programs in one department, this reorganization will foster coordination *within* one department, DHCS, on substance use disorders, community mental health, and primary care.

5. Stakeholder Process and Input

Stakeholder Participants

ADP invited a comprehensive group of stakeholders to participate in a stakeholder process to inform the development of this transition plan. More than 60 participants representing consumers, key stakeholder organizations, and legislative offices participated in stakeholder meetings in person or by phone. Many individuals dedicated significant time to participating in these stakeholder meetings and reviewing and providing comment on earlier drafts of this transition plan. The Administration was represented at these meetings by CHHS, ADP, DHCS, DPH, DSS, and the Department of Finance.

Stakeholders that participated represented consumers, family members, providers, counties, and the Legislature. County and stakeholder organizations included: County Alcohol and Drug Program Administrators' Association of California (CADPAAC), California Association of Alcohol and Drug Program Executives (CAADPE), California Association of Drinking Driver Treatment Programs (CADDTP), and California Association of Addiction Recovery Resources (CAARR), among other organizations. For a more detailed listing of organizations that were represented, please see Appendix B.

Stakeholder Meetings

Three stakeholder meetings and two rounds of legislative staff briefings were held in September and October 2012 to inform, develop, and revise this transition plan. Please see Appendix C, which contains a listing of the dates of all of these stakeholder meetings.

Stakeholder Input and Response

Stakeholder comments were invaluable as we assessed the Administration's prior ADP reorganization proposal and developed this Governor's Budget and transition plan. Three key areas of concern about the ADP reorganization emerged from the stakeholder process. This section describes each concern and how it is addressed.

Concern with Having Multiple Departments Responsible for Substance Use Disorder Issues. Overall, stakeholders were not comfortable with the fragmentation they believed would result from the prior ADP reorganization proposal. For instance, stakeholders noted a potential significant increase in workload for counties, providers, and consumers having to navigate between three departments. If a facility were licensed by one department and certified by a different department, the concern would be that it would be more difficult for a county, consumer, or family member to register a complaint or seek information about a specific facility.

Stakeholder representatives reached a consensus that they would recommend all ADP functions be placed in one department. The two options that stakeholders identified were DHCS and DPH.

This transition plan describes a reorganization that consolidates all substance use disorder programs from ADP in one department: DHCS. This includes all substance use disorder programs currently operating at ADP, in addition to the Drug Medi-Cal program, already located at DHCS. Locating ADP's programs and functions at DHCS will better allow substance use disorders to be a part of the overall health care delivery system administration and planning at the state level. It will allow all substance use disorder programs to be together in one department, and it will allow for the co-location with community mental health and primary care.

Concern that the Prior Proposal Lacked Clear Rationale. Stakeholders were concerned that the stated rationale of the prior ADP reorganization proposal was not clear. In particular, although the proposal included a rationale for integration, it did not integrate all programs and functions of ADP at DHCS. Instead, some programs and functions were proposed to transfer to separate departments. It was not well understood why this was.

Given what the Administration heard, CHHS and its departments internally examined ADP's licensing, certification, and program management and concluded that their linkages are critical and that these functions ought to be co-located in one department. Therefore, this Governor's Budget proposes to consolidate all substance use disorder programs and functions at DHCS. Section 1, "Rationale and Benefits to the Substance Use Disorder System," of this transition plan describes in detail the benefits of this reorganization to the substance use disorder system and how they override the previous concern that DHCS has not been a licensor.

Concern about Future State Leadership on Substance Use Disorder Issues. Stakeholders were concerned that under the prior ADP reorganization proposal, substance use disorder programs might not have focused, high-level leadership at DHCS, given the large size of the department. Stakeholders were also concerned that under the prior proposal, DSS and DPH would not remain engaged in substance use disorder issues over time, given how large the two departments are. As a result, they believed the State of California would not be able to serve as a leader among the states and in its communications to the federal government on substance use disorders.

This transition plan is for a reorganization that consolidates all substance use disorder programs at DHCS. DHCS will now be positioned to serve as a unified, strong voice to advocate, at both the state and federal levels, on behalf of the needs of communities, county partners, and consumers with substance use disorders.

At DHCS, the Deputy Director of Mental Health and Substance Use Disorder Services will have responsibility for substance use disorders and community mental health. By statute, this is a position that is appointed by the Governor and confirmed by the Senate, which will ensure it will be held by a visible leader with a transparent confirmation process. The Deputy Director reports directly to the Director of DHCS. On July 27, 2012, Vanessa Baird was appointed as Deputy Director of Mental Health and Substance Use Disorder Services at DHCS.

Continued Stakeholder Engagement

To ensure continued engagement with stakeholders on improving substance use disorder programs, DHCS and DPH will maintain the seven advisory groups that ADP currently convenes.

DHCS will maintain engagement with:

- County Alcohol and Drug Program Administrators' Association of California (CADPAAC)
- Director's Advisory Council (DAC)
- Governor's Prevention Advisory Council
- Counselor Certification Advisory Committee
- Narcotic Treatment Programs (NTPs) Advisory Committee
- Driving Under the Influence (DUI) Advisory Group

DPH will maintain engagement with:

- Problem Gambling Advisory Group

During this stakeholder process, there were several recommendations for program improvement, which ADP will forward to the receiving departments. These advisory bodies will be able to continue that conversation and advise the departments on program improvement.

Appendix D describes each of these advisory groups in more detail.

Conclusion

The Health and Human Services Agency is committed to the successful transfer of the programs and functions of the Department of Alcohol and Drug Programs. We are dedicated to continued stakeholder and legislative engagement by our agency and our departments, to ensure that these transfers are made effectively and efficiently. We believe the result will be a state structure that will promote opportunities for improvement to the health care delivery system to the benefit of consumers with substance use disorders and their families.

Appendix A

Reorganization of the Department of Alcohol and Drug Programs *Proposed Placement of ADP Functions, Programs, Funding, and Positions*

Function or Program	Recipient Department	State Operations	Local Assistance	Positions	Total
Administration of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant Administer the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The Department of Alcohol and Drug Programs (ADP) is designated by the federal government as the Single State Authority responsible for administering and coordinating the State's comprehensive efforts in prevention, treatment, and recovery services for, substance use disorders. The State's system of care for individuals and families dealing with substance use disorder concerns is anchored in the many components listed below.	Department of Health Care Services (DHCS)	\$27,804,000	\$285,937,000	225.5	\$313,741,000
Facility Licensing Ensure 24-hour residential non-medical service providers meet appropriate safety requirements for the persons served. The State is responsible for reviewing applications submitted to ensure compliance with applicable laws and regulations prior to issuing a license. Once the application review portion is completed, the staff conducts a site inspection. After site inspections are completed, the unit issues the license and an approval letter. For residential licensing, the state conducts biennial evaluations to assess compliance with the statute and regulations.					
Alcohol and Other Drug (AOD) Program Certification Ensure all programs with voluntary alcohol and other drug (AOD) certification meet specific program standards. Many counties and health insurance plans require that a program obtain this voluntary AOD certification from the State prior to contracting for the payment of services with a program. All AOD programs seeking AOD certification are required to comply with the standards. The state is responsible for reviewing applications submitted to ensure					

compliance with standards prior to issuing an AOD certification. Once the application review portion is completed the staff conducts a site inspection. After site inspections are complete, the unit completes the process by issuing the AOD certification and approval letter. The State conducts biennial AOD certification evaluations to assess compliance with the standards prior to renewal of AOD certification.	DHCS (continued)				
Facility and Program Complaints Investigate and determine validity of all licensed residential facility or AOD certified program complaints of non-compliance with the statute or regulations. All deaths in AOD state certified programs and licensed residential facilities must be reported to the department within 24-hours of a death. Any reported death is immediately investigated.					
Narcotic Treatment Program (NTP) Licensing and Monitoring Narcotic Treatment Programs (NTPs) provide replacement narcotic therapy in an outpatient, medically supervised setting to people who are addicted to opioids. Services include, but are not limited to, replacement narcotic medication and counseling. ADP has sole authority for the licensure of NTPs. Initial onsite reviews are completed prior to licensure of NTPs. Annual reviews are required to ensure ongoing compliance with federal laws, state statute and regulatory requirements.					
Prevention Services Develop and maintain a comprehensive, statewide prevention system that averts and reduces alcohol and other drug-related problems, thereby improving the health, safety, and economic conditions of California residents. Modify social norms and conditions to counter the adverse consequences resulting from alcohol, tobacco, and other drug availability, manufacturing, distribution, promotion, sale, and use. Address at-risk and underserved populations and their environments.					
Data Collection Reporting and Analysis Develop and maintain data collection for analytical purposes which include fiscal, programmatic and county performance data as well as for the dissemination of information regarding California's publicly funded alcohol and other drug prevention and treatment service system. The data collected, and other data, are used for planning, federal accountability measures and					

continuous quality improvement of the substance use disorder service delivery system.	DHCS (continued)				
Statewide Needs Assessment and Planning (SNAP) The federal SAPT Block Grant requires an annual Statewide Needs Assessment Report (SNAP), which analyzes treatment, prevention, prevalence, consumption, and consequence trend data that identifies substance use disorder service needs and gaps in California’s publicly funded system. This systematic needs assessment is instrumental in identifying local and statewide priority action plans and establishing data-informed baselines for the action plans required by the SAPT Block Grant.					
Technical Assistance (TA) and Training to Counties and Providers Provide TA and training in support of a comprehensive, effective and efficient substance use disorder service system that continuously improves prevention and treatment services. Inform providers of emerging best practices and evidence based practices through a variety of approaches, including webinars, regional trainings, county specific TA efforts and statewide conferences. Provide TA to counties on drug courts, including the nationally recognized ten-key components of a drug court program.					
Measurement and Monitoring of County and Program Performance Conduct county level performance assessments. Analyze data provided by counties through a web-based reporting system to prepare assessments for on-site county monitoring reviews and identify potential compliance issues pursuant to the SAPT Block Grant requirements. The assessment tool also serves as an indicator for county TA and training needs.					
Public Information, Education and Information Dissemination Through the Resource Center The federal SAPT Block Grant requires that the State provide primary prevention services that fall under six specific strategies. The Resource Center disseminates multilingual information and educational materials on substance use disorders through a clearinghouse, Lending Services, and a toll-free substance use disorder service referral and information line.					
Administration of SAMHSA Discretionary Grants There are currently two discretionary federal grants that ADP administers:					

<p>1. <u>Strategic Prevention Framework State Incentive Grant (SPF SIG)</u>: Will refine the use of the Strategic Prevention Framework at the State and local levels and provide evidence-based alcohol and other drug prevention programming to Californians most in need of services. ADP is partnering with the Department of Public Health for collection, analysis and monitoring of epidemiological data sources for statewide needs assessment, planning, and outcomes.</p> <p>2. <u>Access to Recovery (ATR) Grant</u>: This grant provides for substance abuse treatment and recovery support services for youth and young service members/veterans in five target counties (Butte, Los Angeles, Sacramento, Shasta, and Tehama). The program will help address the unmet needs, service gaps, barriers, and disparities that youth and young veterans face in accessing adequate, quality substance abuse services.</p>	DHCS (continued)				
<p>Counselor Certification and Complaints</p> <p>Approval of certifying organizations for the purpose of registering and certifying individuals to provide substance use disorder counseling. Each certifying organizations must meet regulatory requirements in order to remain an approved certifying organizations. Function also includes investigating complaints specific to code of conduct violations by substance use disorder counselors.</p>					
<p>Driving Under the Influence (DUI) Programs Licensing and Monitoring</p> <p>The purpose of the DUI program is to reduce the number of repeat DUI offenses by persons who complete a State-licensed DUI program, and to provide participants an opportunity to address problems related to the use of alcohol and/or other drugs. ADP's role is to issue, deny, suspend, or revoke licenses of DUI education and counseling programs.</p>					
<p>Parolee Services Network (PSN)</p> <p>Community-based alcohol and drug treatment and recovery services to state parolees in 17 counties, through funding from the Department of Corrections and Rehabilitation (CDCR).</p>					
<p>The Office of Problem Gambling</p> <p>Prevention programs include toll-free multilingual telephone help-line services, a statewide public awareness campaign, empirically-driven research, and training and technical assistance services for health care professionals, educators, law enforcement personnel, and members of non-profit</p>	Department of Public Health (DPH)	\$3,653,000	\$0	4	\$3,653,000

<p>organizations in identifying problem gambling behavior and available resources.</p> <p>Treatment programs include multilingual self-help workbooks and the California Problem Gambling Treatment Services Program, a statewide stepped-care approach to treating problem gambling. Treatment components include training of licensed mental health care providers, the Problem Gambling Telephone Intervention Program, and outpatient, intensive outpatient, and residential services.</p>	DPH (continued)	\$1,000,000	\$4,000,000	2 ¹	\$5,000,000
TOTALS		\$32,457,000	\$289,937,000	231.5	\$322,394,000

¹ Office of Program Gambling's treatment programs (funding and positions) are dependent on two limited term positions that expire on June 30, 2013. ADP proposes to continue the two positions for two more years.

Appendix B

List of Stakeholder Participants

Organizations Represented:

- Alcohol and Other Drug Policy Institute
- Breining Institute (Counselor Certifying Organization)
- California Association of Addiction Recovery Resources (CAARR) (Counselor Certifying Organization)
- California Association of Alcoholism and Drug Abuse Counselors (CAADAC) (Counselor Certifying Organization)
- California Association for Alcohol and Drug Educators (CAADE) (Counselor Certifying Organization)
- California Association of Alcohol and Drug Program Executives (CAADPE)
- County Alcohol & Drug Program Administrators' Association of California (CADPAAC)
- California Association of Drinking Driver Treatment Programs (CADDTP)
- California Council on Problem Gambling
- California Hispanic Commission on Alcohol and Drug Abuse
- California Opioid Maintenance Providers (COMP)
- California Perinatal Treatment Network
- California Prevention Collaborative
- University of California, Los Angeles (UCLA) Gambling Studies Program
- UCLA Integrated Substance Abuse Programs

ADP Constituent Committees Represented:

- ADP African American Constituent Committee
- ADP Aging Constituent Committee
- ADP Latino Constituent Committee
- ADP Native American Constituent Committee
- ADP Women Constituent Committee

Legislative Offices Represented:

- Joint Legislative Budget Committee/Senate Budget and Fiscal Review Committee
- Senate Republican Fiscal Office
- Senate Office of Research
- Assembly Speaker's Office
- Assembly Committee on Budget
- Assembly Committee on Health
- Assembly Committee on Appropriations
- Assembly Republican Fiscal Office

Note: This list is intended to reflect the range of stakeholders that participated. In addition to these specific organizations, individual counties, providers, consumers and family members, and substance use disorder consultants, among others, participated in this process.

Appendix C

Timeline for Development of Transition Plan

Date	Activity
June 27, 2012	Senate Bill 1014 signed by the Governor
August 28, 2012	Legislative staff briefing #1 (Assembly staff)
September 5, 2012	Legislative staff briefing #1 (Senate staff)
September 11, 2012	Stakeholder meeting #1
September 17, 2012	Draft of transition plan sent to stakeholders and posted to ADP website for review and input
September 28, 2012	Stakeholder meeting #2
October 10, 2012	Stakeholder issue paper, registering and recording key stakeholder comments to date, sent to stakeholders and posted to ADP website for review and input
October 10, 2012	Legislative staff briefing #2 (Senate and Assembly staff)
October 16, 2012	Stakeholder meeting #3
January 10, 2013	Health and Human Services Agency submitted Transition Plan for the Department of Alcohol and Drug Programs to the Legislature as a part of the 2013-2014 Governor's Budget

Appendix D

ADP Stakeholder Advisory Groups

Stakeholder Advisory Group	Receiving Department
County Alcohol and Drug Program Administrators' Association of California, Inc. (CADPAAC) Meetings Existing law provides that the Department of Alcohol and Drug Programs consult with county alcohol and drug program administrators on a regular basis. Through quarterly meetings with CADPAAC, ADP ensures regular communication.	DHCS
Director's Advisory Council (DAC) The Director's Advisory Council (DAC) was created in 1993 to ensure the delivery of quality alcohol and drug abuse programs in California. Members include substance use disorder leaders, judges, directors of statewide provider organizations, and the president of the County Alcohol and Drug Program Administrators' Association of California (CADPAAC), among others. Stakeholders identify and discuss issues and build consensus in major policy areas that impact the substance use disorder service systems and clients.	DHCS
Governor's Prevention Advisory Council (GPAC) The Governor's Interagency Coordinating Council for the Prevention of Alcohol and Other Drug Problems (also known as the Governor's Prevention Advisory Council or GPAC) was established in August 2002. The GPAC coordinates the State's strategic efforts to reduce the incidence and prevalence of inappropriate alcohol, tobacco and other drug (ATOD) use. Membership comprises administrators from key agencies and departments involved with prevention funding and programs.	DHCS
Counselor Certification Advisory Committee ADP periodically calls a meeting of representatives from the ten organizations that have authority to certify drug and alcohol counselors in the state to discuss issues surrounding certification.	DHCS
Narcotic Treatment Programs Advisory Committee The Narcotic Treatment Programs (NTPs) Advisory Committee meets to discuss emerging issues and provide information regarding regulatory and policy issues associated with opiate treatment in California.	DHCS
Driving Under the Influence (DUI) Advisory Group The Driving Under the Influence (DUI) Advisory Group meets to discuss emerging issues and provide information regarding regulatory and policy issues associated with the statewide DUI program.	DHCS
Problem Gambling Advisory Group The Problem Gambling Advisory Group is a valuable forum for collaboration among state regulating agencies, gambling industry representatives, educators, researchers, and advocates.	DPH

Appendix E

ADP Reorganization Trailer Bill Language from 12-13 Budget

Excerpt from Senate Bill 1014

(Committee on Budget and Fiscal Review, Chapter 36, Statutes of 2012)

SEC. 81. (a) It is the intent of the Legislature that the administrative and programmatic functions of the State Department of Alcohol and Drug Programs be transferred to other departments effective July 1, 2013. It is further the intent of the Legislature that this transfer occur in a manner that best achieves the following goals:

(1) Improves access to alcohol and drug treatment services for consumers, including a focus on recovery and rehabilitative services.

(2) Effectively integrates the implementation and financing of services, including the coordination of licensing and certification functions for providers, implementation of realignment pursuant to 2011 realignment, and in the receipt and management of federal funds.

(3) Ensures appropriate state and county accountability through oversight and outcome measurement strategies, including, but not limited to, monitoring of county programs and services.

(4) Provides focused, high-level leadership within state government for alcohol and drug treatment services.

(b) Effective July 1, 2013, the administrative and programmatic functions that were previously performed by the State Department of Alcohol and Drug Programs are transferred to departments within the Health and Human Services Agency. In consultation with system stakeholders and affected departments, the California Health and Human Services Agency shall prepare a detailed plan for a reorganization of administrative and programmatic functions of the State Department of Alcohol and Drug Programs. This plan shall include the following components:

(1) A detailed rationale for the transfer of administrative and programmatic function or functions, including program and policy changes necessitated by the proposed transfer.

(2) A cost and benefit analysis for each transfer and for the proposal as a whole, if more than one transfer is involved, showing fiscal and programmatic impacts of the changes.

(3) A detailed assessment of how the transfer will affect continuity of service for providers, consumers, county counterparts, and other major stakeholders.

(4) If function transfers are proposed to more than one receiving department, a detailed explanation of the following:

(A) How preparation will occur to maximize a smooth transition across departments.

(B) How ongoing program and policy functions will be coordinated across departments after the transfer is implemented.

(5) A detailed description of the stakeholder process, including, but not limited to:

(A) A description of stakeholder participants which shall include, at a minimum, consumers, family members, providers, counties, and representatives of the Legislature.

(B) A schedule of stakeholder meetings convened, and other activities conducted to provide maximum stakeholder input prior to production of a draft plan and to review the draft plan prior to submission to the Legislature.

(C) A discussion of significant concerns raised by stakeholders and how they were or were not addressed in the plan.

(D) A description of an on going stakeholder process that will provide continued assessment of and recommendations for improvement to the delivery of alcohol and drug treatment services in California.

(c) The plan developed under this section shall be submitted to the Legislature as part of the 2013-14 Governor's Budget. The budget shall identify the transfer of administrative and programmatic functions that were previously performed by the State Department of Alcohol and Drug Programs. The ultimate placement of these functions is contingent upon the Budget Act of 2013 and implementing legislation.